UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

Document 1

CIV-DIMITROULEAS

ProSe; Ross Jay Lawson)
•)
(Plaintiff)) }
Sheviff Ken Jenne of Brownd County	Ó
Shevill Ken Jenne of Brownd County (Defendant(s)) William Hitchark (Superintendent BCM	J)
)
Patrick Tiches (Director BCM J))
Broward County Department of Covered) 3/S

(To be assigned at time of filing)

42 U.S.C. 1983	ı	
civil Action		
or Suit		
(Title of document)		

I, Ross Jay Lauson _ plaintiff, in the above-styled cause, sues defendant(s); Ken Jenne, William Hitchcock, Patrick Tighe, Brownd County Dept of Corrections. (Allegation of jurisdiction, i.e., under which federal law or section of the U.S. Constitution this action is being filed)

42 U.S.C. 1983 (Prisoners Kights) his suit is brought to the Southern District of Florida has Jurisdiction because I am a pre-trial detainer Plaintiff's First Fifth and Founteenth Amendments being violated. These violations of the Plaintiffs due to the total ban an all publications: ounty Main Jail and its Administration (defendents the Sheriff of Broward County Ken Kowingly and willfully violated the Plaintiffs rights

(Statement of facts)

Plaintiff has been a pretrial detainer at the Brown County Main Jail since 7/17/97. In Oct. of 1997 a book was sent to the Plaintiff through the mail and was denied and returned to sender. On 10/28/97 Plaintiff requested approval for books, magazines, and a correspondence-course to be sent to him through the mail on any other way sujested. Plainliff got a response denying him and stating all the above are not allowed. On 11/5/97 Plaintiff filed a Informal Grievance to the superintendent explaining the total ban on publications is unconstitutional and to please change it Plaintiffs Internal Grievance was denied. On 11/20/97 a grievance was filed by the Plaintiff appealing the denial of the Informal Grievance filed on 1/5/97 No response was ever given On 11/17/98 the plaintiff. requested to have religious books and meterial sent to him by the publisher at his own cost Plaintiff received a response from the Chaplins office explaining to him the Jail does not allow this and that they can't change the procedure. Also on 11/17/98 the Plaintiff filed a request to Superintendent Hitchcock asking to get book reading books, religious books, ect. sent to him by the publisher at his own cost so he could

(Statement of facts)

better himself and change his lite for the better. Plaintiff received a response stating Books maggines and newspapers are not permitted by this facility. And another copy of Plainliffs request was sent to commissary and property. On 11/20/98 Plaintiff again requested and asked for the procedure to get books, religious books, magazineis, est Plainlit again: received a response that all were unautherized. On 11/20/98 Plaintiff requested some to Chaptins office the Chaplin forwarded Plaintill's request to the Superintendent Hitchcock Mr. Hitchcocks responded with a Inter Office Memorandum that memo states SOP 5.4.1 which governs inmate Publications that 5.4.1 of the SOP which is still in effect since 101/96 states a total and complete han on all publications to imates. through the mail On 11/25/98 Plaintiff requested to Superintendent Hitchcock if he could please get religious material because he is Jewish and the Tail does not provide for this. Plaintiff never received a response On 12/15/98 Plaintilt grieved that he never received a response. Plaintiff got no response to his grievance. This Plaintiff continued to request

(Statement of facts)

and grieve this issue all to no avail. Many not even answered untill all responses findly stopped all together. This continued until 10/29/89 also on 9/10/99 Haintitt got a catalog in the mail but never got it instead only got a Rejected mail Hotification slip saying the catalog was UA catalog And again on 10-29 UA EMail. This total bun on all publications of any kind is a victation of my (First) and (Fourteenth) and possibly the (Fillh amendments) It should also be noted the Plaintiff fells under the Due Process Clause garanteed to him by the constitution, for the Plaintill has not been convicted of his pending charges and is still quarting tric/ Also it should be noted in this suit that Tenne in small claims, in which the Sheriffs people settled into a settlement with the Plaintiff, on 8/12/89. Since that line the Plaintiff has been denied some greas to the law library. On 10/5/99 the plaintitt was moved to a high custody cell and has been denied total access to the Law Library and also because of this Denial of access to the counts as well. Then on

(Statement of facts)
11/11/99 Plaintitt handed laugal work grievences and other
documents to be copied by Dept Wilcox. The Plaintills
leaged motorial was never returned untill 11/23/89
Only after Plaintitt's family got intolved and it
was later discoved that all had been read and
some taken and not neturned. Thus this suit
was filed. It should be noted the
basis for this claim is the total
bon anall publications by the B.C.M.J. And the
Plaintitl requests this court to understand
he is being denied all and total access
to the Law Library and thus had to wing,
it you will this action the best he can.
Because of Plaintiffs total bon on
publications and total denial of access to the
law library Plaintitt request this count to
understand in all fairness his possisions and his
current abilary to file this action
Affached is copies of all request grievances
and all other paper work

(Relief request, i.e., State what you want the Court to do or award)

Wherefore, the Plaintiff requests the court to award a total sun
of 150,000 / One Hundred and Fifty thousand dollars. This to be paid
broken down in Compensatory, Punitive, and declatory and of
course for the Defendents to pay some in there personal
capasities. All or which ever the court feels appropriate. Plus
and injustive relief to lift the total ben on all publications. Plus all costs (Contend filing)
Signed this 24 day of November 1999.

(Address)

(Phone Number)

(Facsimile Number) (Florida Bar Number) Ross Jay Lawson FL97-9905 P.O. Box 9356

Ft Land, Fla. 33310

ase 0:00-cv-06009-WPD Ocument Fire MAIL NOTIFIC	CATION cket 01/05/2000 Page 7 of 34
1 Abison ROSS	F1979905
Print or type inmate's name (last name, first name)	Arrest Number
Print or type inmate's location (Facility/Housing Area/Cell Number)	Date
Correspondence addressed to you was received on Date	and did not comply with Department of
Corrections and Rehabilitation correspondence guidelines. Correspond	ence was rejected and:
Returned to Sender Other: UA BOOK (NON-Religious)	-
Domeir China Control Control	
BSO DJ#15 (New 7/95)	
BROWARD SHERIFF'S OFFICE	
DEPARTMENT OF CORRECTIONS AND REHABILITATION	
REJECTED MAIL NOTIFI	CATION
LAWSON, KOSS	57 97 9905
Print or type inmate's name (last name, first name)	Arrest Number
Print or type inmate's location (Facility/Housing Area/Cell Number)	Date
9/10/90	7
Correspondence addressed to you was received on Date	and did not comply with Department
Corrections and Rehabilitation correspondence guidelines. Correspond	dence was rejected and:
 Returned to Sender Other: UA COTOLOG 	
BSO DJ#15 (New 7/95)	
BROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION	ellott
REJECTED MAIL NOTIFIC	CATION
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Print or type inmate's name (last name, first name)	Arrest Number
Print or type inmate's location (Facility/Housing Area/Cell Number)	Date
Correspondence addressed to you was received on Date	and did not comply with Department o
Corrections and Rehabilitation correspondence guidelines. Corresponde	ence was rejected and:
Returned to Sender Other: UA EMAI	
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BSO DJ#15 (New 7/95)

1

'you haven't asked the housing unit depuis request.	puty to solve	this probl	lem, do so b	state conf	pleting
	OMPLETED BY I	NMATE			
ite of Request: 10/28/97		ite's Name:	Ross	Lauso-	1
			(Aldas,	if used)	,
rest #: FL97-9805	Loca	ition:	6/A/3	DOB:	3/10/7.
To:			/ /	•	' 3
Program Specialist [] Mails Classification [] Food	room [] Service []		Commissary Other		0
sture of Request: How ain L	get of	pproval	For bo	otis m	4992
by a correspondence com	cse, 1	would	1. Ke to) hat	2
Them sent to me in	the ma	of at	my co	5 x 20	on
the publisher Or	any O	ther	1NOY	you 1	lex'(/
approve. I had a	ne sent	but,	Y was a	en'ed a	and_
sent book!		·		,	
Ress Lewer			10/	28/97	
nmate!s Signature		Date	Signed /		
HEN COMPLETED, KEEP ORIGINAL (WHITE) FOR OX LOCATED IN EACH POD.	RM. RETURN AL	L OTHER CO	PIES TO THE	INMATE REC	QUEST
	ITE BELOW THI N TAKEN/RESPO				
Me to not a	llow &	ods or	- ma m	, eneg	
from the pilesher or +	Knigh	the mo	il for	- Hut 1	atter
It was desired for the	ot reaso	· · · · · · · · · · · · · · · · · · ·			
				. * *	
completed By: Millians CON	De	ite: 1/97	Ti	me:	
ll requests will be handled by the resp	onding deputy	in one of	the followi	ng ways:	
Written Information		[] Pers	onal Intervi	esi	
ll grievances will be responded to, in t	writing, by t	he Office	of Informati	on and Re	view.

SO DT#24 (Rev. 4/93)

you haven't asked the housing unit dep is request.	uty to solve this proble	m, do so before completing
TO BE CO	MPLETED BY INMATE	·
ite of Request: $1/5/97$	Irmate's Name:	Ross Lawson (Alias, if used)
rest #: 1197-9905	Location: 6/	A/3 DOB: 3/07.
	evance Super	
	Service 🗓 · o	ommissary O
nture of Request: The Rule fo	on me on g	elling books sind
Γ		must be Rix
Change it and/or allow	me to get	thou of my
Erst straight From	the pleblishe	· ·
Ross Leeuseen		
mate!s Signature	Date S	igned
DEN COMPLETED, KEEP ORIGINAL (WHITE) FOR OX LOCATED IN EACH POD.	M. RETURN ALL OTHER COPI	es to the invate request
	TE BELOW THIS LINE:	
ACIION	TAKEN/RESPONSE	
,	<u> </u>	
1		
Female		
expleted By: Williams CON	Date: ///97	Time:
I requests will be handled by the respon	nding deputy in one of t	he following ways:
∩ Written Information	∏ Person	al Interview
U	U	•

SO DT#24 (Rev. 4/93)

Director's Signature

BSO DJ#51 (Revised 4/93)

Date

ROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

TO BE COMPLETED BY	INMATE
Ross Lauson Flor	F-POOS G/NS BCMJ 11/20
This is to cooper my informate's GR	sevance attached. Please
acid n	ATTOCKEN, TOTAL
put in writing why I am be	19 devied and how you tee
this is constitutional for me to	be deried!
Thank	YOU!
Rosa Laura	11/20/97
Inmate's Signature WHEN COMPLETED, KEEP ORIGINA RETURN ALL OTHER COPIES TO THE GRIEVANC	Date Signed L (WHITE) FORM. E BOX LOCATED IN EACH POD.
TO BE COMPLETED BY THE OFFICE OF I PART B - RESPON	NFORMATION AND REVIEW SE
Reviewing Deputy's Signature/CCN	Date
Supervisor's Signature/CCN	Date
TO BE COMPLETED IF INMATE WANTS, wish to	
Inmate's Signature WHEN COMPLETED, KEEP THE TO RETURN ALL OTHER COPIES TO THE GRIEVANC	Date Signed P OF THE FORM. E BOX LOCATED IN EACH POD.
DIRECTOR'S RESPONSE T	O APPEAL

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DEPA JENT OF CORRECTIONS AND REHABIT VITON
INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to this request.	solve this probl	em, do so bef	ore completing
TO BE COMPLETED	BY INVATE		
Date of Request: 11/17/98	Irmate's Name:	Ross Lawson	
		(Alias, if	used)
Arrest #:	Location: 7/B/2	· · · · · · · · · · · · · · · · · · ·	DOB: 3/10/7
To: Chaplin			
Program Specialist Mailroom Classification Food Service	. 0	Commissary Other	<u>0</u>
Nature of Request: This is on the subject of me w	anting to get re	ligious books	and other
religious material, sent to me by the publisher, a			
in this matter, so as I may help myself to change.			-
oe. Thank you for your time in this matter! G-D BL			T Walle - CO
y y	HOO.		
<u> </u>			
n 9			
Ross Jawson Inmate's Signature		7/98 Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETU BOX LOCATED IN EACH POD.	RN ALL OTHER COP	IES TO THE IN	MATE REQUEST
DO NOT WRITE BELO ACTION TAKEN/	•		
•			
·			
Completed By:CCN	Date:	Time	•
All requests will be handled by the responding d	eputy in one of	the following	ways:
<pre>Written Information</pre>	[] Perso	nal Interview	
All grievances will be responded to, in writing,	by the Office o	f Information	and Review.

BSO DJ#24 (Rev. 4/93)

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BROWARD SHERIFF'S OFFICE

DEPA MENT OF CORRECTIONS AND REHABIL ATION Case 0:00-cv-06009-WPD

INMATE'S REQUEST FORM

	PLETED BY INVATE	
Date of Request: 11/17/98	Irmate's Name: Ross L. (Alia:	awson
_		
Arrest #: FL97-9905	Location: 7/B/2	DOB: 3/10/7
To: Chaplin	02-7-8-2	- /
Program Specialist Mailroc Classification Food Se	om [] Commissa ervice [] Other	τ γ []
Nature of Request: This is on the subject of	f me wanting to get religious b	ooks, and other
religious material, sent to me by the publish	ner, at my own cost of course.	Please help me
in this matter, so as I may help myself to ch	•	-
be. Thank you for your time in this matter! (_	
	······································	·
n d		
Ross Lawson	11/17/98	
Irmate's Signature	Date Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. BOX LOCATED IN EACH POD.	RETURN ALL OTHER COPIES TO TH	E INMATE REQUEST
	E BELOW THIS LINE: TAKEN/RESPONSE	,
The acceptance of mail of	any kind is as fact	procedure
The acceptance of mul of The do not have the authorit	i I i	1
The de mot frank the authorit	1 loutrange a proces	eul.
		·····
•		
Completed By: Chaplain's Affice ON	Date: //-18-98	Time:
All requests will be handled by the respond	<u> </u>	wing ways:
The second secon		- -
	∏ Personal Inter	view

BSO DJ#24 (Rev. 4/93)

BSO DJ#24 (Rev. 4/93)

BROWARD SHERIFF'S OIL E DEPARTMENT OF CORRECTIONS AND RHABILITATION INMATE'S REQUEST FORM

If you haven't asked the housing unit de this request.	puty to solve this problem, do so	before com
TO BE O	CMPLETED BY INMATE	•
Date of Request: 11/17/98	Inmate's Name: Ross Laws	on
	(Allas	, if used)
Arrest #: FL97-9905	Location: 7/B/2	DOB: 3/
To: Superintendent Hitchcock		٠
. Program Specialist [] Mail: Classification [] Food	room [] Commissar Service [] Other	y
Nature of Request: This is on the subject	of me wanting to get school books	s.reading bo
religious books, and more, sent to me by	the publisher. At my own cost of	course. Plea
help me in this matter, and approve this		
thank you for your time in this matter!		· · · · · · · · · · · · · · · · · · ·
Rosa Lewson	11/17/98	
Inmate's Signature	Date Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FOR BOX LOCATED IN EACH POD.	RM. RETURN ALL OTHER COPIES TO TH	e inmate reg
	ITE BELOW THIS LINE: N TAKEN/RESPONSE	,
	·	
	<u> </u>	
		
•		
		
Completed By: con_	Date:	Time:
All requests will be handled by the response	onding deputy in one of the follo	wing ways:
Written Information	[] Personal Inter	view
All grievances will be responded to, in	writing, by the Office of Informa	tion and Re

BSO DT#24 (Rev. 4/93)

BROWARD SHERIFF'S OFFICE (

Case 0:00-cv-06009-WPD Document 1 DEPARIMENT OF CORRECTIONS AND REHABILITATION INMATE'S REQUEST FORM

			·
If you haven't asked the housing unit deputy to this request.	solve this pro	blem, do so be	fore completi
TO BE COMPLETED	BY INMATE		,
Date of Request:	Tromatole Name	Ross Lawson	
Date of Request	Time S Name	(Alias, i	f used)
Arrest #: FL97-9905	Location: 7/1	3/2	DOB: 3/10/72
To: Superintendent Hitchcock			
Program Specialist Mailroom Classification Food Service		Commissary Other	D Ω
Nature of Request: This is on the subject of me w	anting to get	school books.re	ading books,
religious books, and more, sent to me by the publ	isher. At my o	wn cost of cour	se. Please
help me in this matter, and approve this as I may			
Thank you for your time in this matter!			
,			
Rosa Leursen		11/17/00	
Inmate's Signature	Dat	11/17/98 e Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETU BOX LOCATED IN EACH POD.	RN ALL OTHER C	OPIES TO THE D	MATE REQUEST
DO NOT WRITE BELC . ACTION TAKEN/			
Books, magazix	es) + ne	uspani	<u> </u>
/ / / /	ted be	This for	scelety.
·	<i></i>	0	
•			
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Completed By:		Time	e:
All requests will be handled by the responding d	leputy in one o	f the following	y ways:
<pre>Written Information</pre>	[] Per	sonal Interview	1
All grievances will be responded to, in writing,	by the Office	of Information	and Review.

Case 0:00-cv-06009-WPD Documents Entered on FLSD-Docket 01/05/2000 Page 15 of 34 DEK INVATE'S REQUEST FORM

	TO BE COMPLETED	BY INVATE		
Date of Request: 11/20/98		Irmate's N	ame: Ross Lawson	
11/20/70			(Alias, i	f used)
Arrest #: FL97-9905		Location:_	7/B/2	DOB:_3/10/:
To: Mail Room		. ` .	•	
Program Specialist Classification	Mailroom Food Service	8	. Commissary Other	0
Nature of Request: This is	on the matter of readi	ng and rel	igious material. I	would like
to know the proper	procedure I must follo	w to allow	me to get reading	and religiou
material from the p	oublisher, at my cost o	f course. (or any other way pe	ossible for
me to get this litt	erature. Thank you for	your time	in this matter!	
	,			
		<u>,</u>	11/20/98	·
Inmate's Signature		<u>_</u>	ate Signed	
WHEN COMPLETED, KEEP ORIGIN BOX LOCATED IN EACH POD.	AL (WHITE) FORM. RETUR	N ALL OTHER	COPIES TO THE IN	MATE REQUEST
•	DO NOT WRITE BELOW ACTION TAKEN/R			,
·				
		····		
	•			
;				
				
Completed By:	CCN	Date:	Time:	
ull requests will be handled	by the responding dep	uty in one	of the following	ways:
<pre>Written Information</pre>	ı	[] Pe	rsonal Interview	
ull grievances will be respo	nded to, in writing, b	y the Offic	e of Information	and Review.
3SO DJ#24 (Rev. 4/93)				

BSO DT#24 (Pay 4/93)

Document 1 Entered on FLSD Docket 01/05/2000 Page 16 of 34 BROWARD SHERIFF'S OF LE DEPARIMENT OF CORRECTIONS AND REHABILITATION INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to this request.	solve this problem, do so before comp
TO BE COMPLET	ED BY INVATE
Date of Request: 11/17/98	Irmate's Name: Ross Lawson
	(Alias, if used)
Arrest #: FL97-9905	Location: 7/B/2 DOB: 3/
To: Superintendent Hitchcock	
. Program Specialist [] Mailroom Classification [] Food Service	Commissary De () Other
Nature of Request: This is on the subject of me	wanting to get school books, reading books
religious books, and more, sent to me by the pub	olisher. At my own cost of course. Pleas
help me in this matter, and approve this as I ma	
Thank you for your time in this matter!	
,	
Rosa Luusen	11/17/98
Inmate's Signature	Date Signed
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RET BOX LOCATED IN EACH POD.	TURN ALL OTHER COPIES TO THE INMATE REC
. DO NOT WRITE BEI	OW THIS LINE:
. ACTION TAKEN	I/RESPONSE
- Hur request for l	reen forwarder
the Commissary and	property
;	
Completed By: Mangirla con	Date: 1/18/98 Time:
All requests will be handled by the responding	deputy in one of the following ways:
[] Written Information	[Personal Interview
All grievances will be responded to, in writing	, by the Office of Information and Re

Case 0:00-cv-06009-WPD Document 1 Entered on FLSD Docket 01/05/2000 Page 17 of 34

DEPARIMENT OF CORRECTIONS AND REHABIT LATION INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy this request.	to solve this	s problem, do so b	pefore completing
TO BE COMPLE	TED BY INMAT	0	•
Date of Request: 11/20/98	_ Immate's	Name: Ross Laws (Alias,	on if used)
Arrest #: FL97-9905	Location	7/B/2	DOB: 3/10/72
To: Chaplin	··.	٠.	
Program Specialist	iœ ()	. Commissary Other	0
Nature of Request: This is on the matter of re	eceiving reli	igious material st	raight from the
publisher at my cost. Am I to understand	d that this i	is being denied to	all inmates in
the broward county jail, or just me! And	d I would lil	ce a copy sent to	me of this rule.
Please assist me in this matter, and at	least help m	ne to get a copy o	f the jails rule
on this matter. Thank you for your time	in this matt	er! G-D BLESS	
<i>,</i>			
		11/20/98	
Inmate's Signature		Date Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RIBOX LOCATED IN EACH POD.	ETURN ALL OT	ER COPIES TO THE	INMATE REQUEST
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;			
Completed By:CCN	Date:_	Ti	me:
All requests will be handled by the responding	g deputy in c	one of the followi	ng ways:
<pre>Written Information</pre>	0	Personal Intervi	.ew
All grievances will be responded to, in writing	ng, by the Of	fice of Informati	on and Review.

BSO DJ#24 (Rev. 4/93)

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DEPARTMENT OF CORRECTIONS AND REHABILLIATION INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy this request.	y to solve this p	problem, do so be	fore completing
TO BE COMPI	ETED BY INMATE		
Date of Request: 11/20/98	Inmate's Na	me: Ross Lawson	
11/20/70		(Alias, i	f used)
Arrest #: FL97-9905	Location:	7/B/2	DOB:_3/10/7
To: Mail Room	• .	×.,	
Program Specialist [] Mailroom Classification [] Food Ser		. Commissary Other	0
Nature of Request: This is on the matter of	reading and reli	gious material. I	would like
to know the proper procedure I must	follow to allow	me to get reading	and religiou
material from the publisher, at my o	ost of course. O	r any other way p	ossible for
me to get this litterature. Thank yo	u for your time	in this matter!	
		·	
fan fenn		11/20/98	
Inmate's Signature	D	ate Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. BOX LOCATED IN EACH POD.	RETURN ALL OTHER	COPIES TO THE I	NMATE REQUEST
	BELOW THIS LINE: KEN/RESPONSE		,
Book, na	gazzier).	+ neug	sapple.
are renauthe	mised -	Levine	Sedra
has reading me	iterial.		· · · · · · · · · · · · · · · · · · ·
			
·			
<i>i</i>			
Completed By: BONG17	/ Date://-	-23 Tim	e:
All requests will be handled by the respondi	ng deputy in one	of the following	g ways:
Written Information	, D &	ersonal Interview	4
All grievances will be responded to, in writ	ing, by the Offi	ce of Information	n and Review.

BSO DJ#24 (Rev. 4/93)

If you haven't ask this request.	ed the hous	ing unit deputy to	solve this pro	blem, do so bef	ore completing
	<u> </u>	TO BE COMPLETED	BY INMATE	=	
Date of Request:	11/20/98		Irmate's Name	Ross Lawson (Alias, if	used)
Arrest #: FL97-990 To: Chaplin	05		Location: 7/1	1-8-2-1	DOB: <u>3/10/7</u> 2
. Program Special Classification	ist ()	Mailroom Food Service	0	Commissary Other	<u>Q</u>
Nature of Request:	This is on	the matter of rece	iving religious	s material stra	ight from the
publisher a	t my cost. Ar	m I to understand th	hat this is be	ing denied to a	ll inmates in
the broward	county jail	, or just me! And I	would like a o	copy sent to me	of this rule
Please assis	st me in this	s matter, and at lea	ast help me to	get a copy of	the jails rule
on this mat	ter. Thank yo	ou for your time in	this matter!	G-D BLESS	
- D	<u> </u>		····		
Inmate's Signature	gusz		Date	11/20/98 Signed	
WHEN COMPLETED, KEE BOX LOCATED IN EAC		(WHITE) FORM. RETU		•	MATE REQUEST
		DO NOT WRITE BELOW ACTION TAKEN/I		,	
Since you are	- requests to the s	ing a fail pro-	edure, u t	e are form	-anding
			11-23-92	8 Chaplain's	e lifece
					
2.					
Completed By:	· · · · · · · · · · · · · · · · · · ·	coxl	Date:	Time	
All requests will h	e handled b	y the responding de	eputy in one of	f the following	ways:
[] Written Ir				sonal Interview	
All grievances will	be respond	ed to, in writing,	by the Office	of Information	and Review.
BSO DJ#24 (Rev. 4/9) 3)				

INTEROFFICE

MEMORANDUM

to:

Inmate Ross Lawson #F197-9905 cell 7,

from:

William Hitchcock, Superintendent

Main Jail Southern Operations / Department of Detention

subject: Inmate Publications - reference your request dated 11/20/1998

date:

11-23-1998

Attached Please find the revision of SOP 5.4.1 which governs inmate mail and Publications as signed by Director S. McCampbell on August 23, 1996.

These SOP's are available to you in the inmate Law Library.

cc- file

If you haven't asked the housing unithis request.	t deputy to s	olve this	s problem, do so bef	ore completi
TO	BE COMPLETED I	BY INMAT	2	•
Date of Request: 11/20/98	:	Inmate's	Name: Ross Lawson	
			Name: Ross Lawson (Alias, if	used)
Arrest #: FL97-9905				DOB: 3/10/7
To: Chaplin			12-7-8-2-1	
– LJ	Mailroom Food Servi⊙e	0	. Commissary Other	D
Nature of Request: This is on the ma	tter of receiv	ving reli	gious material stra	ight from the
publisher at my cost. Am I to	understand tha	t this i	s being denied to al	ll inmates in
the broward county jail, or just	st me! And I v	ould lik	ce a copy sent to me	of this rule
Please assist me in this matter	r, and at leas	st help m	me to get a copy of t	the jails rul
on this matter. Thank you for	your time in t	his matt	er! G-D BLESS	
Roses Louisa	· · · · · · · · · · · · · · · · · · ·		11/20/98	
Irmate's Signature			Date Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) BOX LOCATED IN EACH POD.	FORM. RETURN	I ALL OTH	ER COPIES TO THE IN	MATE REQUEST
	WRITE BELOW CTION TAKEN/RE		Œ:	
Since you are requesting a	rail proc	edure	, we are form	anding
your request to the Super				
			3-98 Chaplain	effice)
	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	10
1				
÷:				
Completed By:	XXV	Date:_	Time	·
All requests will be handled by the r	responding dep	outy in c	ne of the following	ways:
O Written Information		0	Personal Interview	,
All grievances will be responded to,	in writing, h	y the Of	fice of Information	and Review.
BSO DJ#24 (Rev. 4/93)				

RON COCHRAN SHERIFF BROWARD COUNTY P.O. BOX 9507 FORT LAUDERDALE, FLORIDA 33310

SPECIAL ORDER 96-33

Date:

August 23, 1996

To:

ALL PERSONNEL

DEPARTMENT OF CORRECTIONS AND REHABILITATION

From:

Susan W. McCampbell, Directory

Department of Corrections and Rehabilitation

Subject:

REVISES SECTION J. OF STANDARD OPERATIONAL POLICY 5.4.1

ENTITLED, "INMATE MAIL, ACCESS TO PUBLICATIONS AND INSPECTION

OF LETTERS AND PACKAGES"

The following changes will become effective, October 1, 1996.

J. Publications/ Printed Material:

- 1. As of October 1, 1996, books and magazines for inmates will no longer be accepted through the mail.
- 2. A variety of outside publications for inmates will be ordered by each facility and made available to inmates through the Inmate Leisure Library.
- 3. Each inmate may retain a total of four (4) articles of reading materials in their cell; e.g., two (2) magazines and two (2) books. Note: Dictionary and Bible are not included in this total.
- 4. Any excess books and magazines in the Property Unit or in the possession of inmates can be vouchered out or shipped (if Commissary funds are available).
- 5. After October 1, 1996, any excess books or magazines found in-cell or remaining in the Property Unit will be considered contraband and donated to the Inmate Leisure Library if suitable.
- 6. Storage of books and magazines by the Property Unit will be governed by the existing storage restrictions. (Refer to S.O.P. 4.1.5 Retention of Inmate Property)
- 7. Inmates will not be permitted to accumulate printed material to such a degree as to pose a fire hazard in their housing area.

The rest of the Standard Operational Policy remains the same.

BSO NT#24 (Rev. 4/93)

BROWARD SHERIFF'S OFFICE (DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy this request.	o solve this pr	oblem, do so be	fore completing
TO BE COMPLET	ED BY INMATE		
Date of Request: 11/25/98	Irmate's Nam	e: Ross Lawson	
	•	(Alias, i	f used)
FL97-9905 Arrest #:	Location:	7/B/2	DOB:3/10/72
To: Superintendent Hitchcock	•		
Program Specialist Mailroom Classification Food Servi	© ()	Commissary Other	<u>0</u>
Nature of Request: This is on the matter of ma	il being sent to	me by the publ	isher. The
religious material I need is not provided	to me by the ja	il. I am JEWISH	and must be
allowed to have the publisher send me the	material I need	l at my cost of	course. The
magazines and material that the jail order	rs for inmates	is not on the su	bjects I
find to be of the quality I choose to read	d or study on. 1	Plus I would ver	y much like
to take several school courses through the	e mail but are u	mable to if I c	an not receive
the courses per jail rules. Please help me	in this matter		11/25/98
Kers Jerusem Inmate's Signature	Da	te Signed	11/23/30
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. REBOX LOCATED IN EACH POD.	TURN ALL OTHER	COPIES TO THE I	MATE REQUEST
DO NOT WRITE BE . ACTION TAKE			
			-
	 		
			
; 			
Completed By: CON	Date:	Time	e:
All requests will be handled by the responding	deputy in one	of the following	g ways:
Written Information	[] Per	rsonal Interview	4
All grievances will be responded to, in writin	g, by the Offic	e of Information	n and Review.

Director's Signature

RSO D.T#51 (Revised 4/93)

Date

BROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

TO BE COMPLETED BY INMATE
Ross Lawson Flor-9805 71/3 BCM5 9/8/99 Inmate's Name Arrest# Cell Facility Date
PART A - INMATE'S GRIEVANCE
I would like to have a correspondence course cent at my
cost to me, Plus books to read so I gan
improve myself for the better while I awant 1-6%
Please approve this it should be a constitutional
night for the publisher to send this to me
Thank you for your time!
Row Lausen 9/3/99
Inmate's Signature WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.
TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REVIEW PART B - RESPONSE
Reviewing Deputy's Signature/CCN Date
Supervisor's Signature/CCN Date
TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE. I, wish to appeal the response.
Inmate's Signature WHEN COMPLETED, KEEP THE TOP OF THE FORM. RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN EACH POD.
DIRECTOR'S RESPONSE TO APPEAL

Director's Signature

Date

BROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

TO BE COMPLETED BY INMATE	SEP 07 1999
ROSS Lawson FL97-9905 7k/3 BCM Inmate's Name Arrest# Cell Facility	5 93/99
I would like to have a correspondence course cont	al my
cost to me Plus hooks to read so I	Gen
improve myself for the better while I av	ort trial
improve myself for the better while I am Please approve this it should be a coas	Y. Kukioural
right for the publisher to send this	Yo me
Thank you for your to	me!
Inmate's Signature Date Si	3/90
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN E	J
TO BE COMPLETED BY THE OFFICE OF INFORMATION AND REV	IEW
Fut this on a Request Form to 4	He
mail Room.	
MYCWans 1010	
Reviewing Deputy's Signature/CCN Da	te
Supervisor's Signature/CCN Da	te
TO BE COMPLETED IF INMATE WANTS TO APPEAL RESPONSE , wish to appeal the respon	
Inmate's Signature WHEN COMPLETED, KEEP THE TOP OF THE FORM. RETURN ALL OTHER COPIES TO THE GRIEVANCE BOX LOCATED IN E	
DIRECTOR'S RESPONSE TO APPEAL	

BROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE'S REQUEST FORM

TO BE COMPLE	TO BY INMATE	
		- /
Date of Request: $9/9/99$	Inmate's Name: Ross (Alia	Lawon is. if used)
[107-000C	/ 1	
Arrest #: FL97-9905	Location: 7/4/3	DOB: 3/10/7
To:		
Program Specialist Mailroom Classification Food Serv	.ce Commissa	ry []
Nature of Request: I would like to him	a coraspondance course	sent to me
at my cost Plus books to read	so I can improve m	yself for
the better while I await to	ial Plus some Legal	bcoks so
I can learn about the lan	all solt cover. These	will be sent
to me by the publisher straight to me	. Please appore	for all or
Just some Trill pay you need		
Russ Louder	9/9	199
Inmate's Signature	Date Signed	
WHEN COMPLETED, KEEP ORIGINAL (WHITE) FORM. RIBOX LOCATED IN EACH POD.	TURN ALL OTHER COPIES TO T	HE INMATE REQUEST
DO NOT WRITE BI ACTION TAKI		
Completed By: CCN	Date:	Time:
All requests will be handled by the responding	deputy in one of the foll	owing ways:
Written Information	Personal Inte	rview
All grievances will be responded to, in writing	g, by the Office of Inform	ation and Review.
BSO DJ#24 (Rev. 4/93)		

DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

MO DE CONDIEMED DY INVAME

TO BE COMPLETED BY INM.	ATE		
Ross Lawson F197-9905 Inmate's Name Arrest#	7/3/2_	BCMJ	_0/8/89
PART A - INMATE'S GRIEV	ANCE	,	
I have been complaining of reading meterial since.	The been	in this BCA	Jel lote 97
I have had articles and books sent to me by the	oublisher,	none have be	en exected,
all have been sent buck. There are no pressures for			
an cells on the ones brought there are of no interest	to me. I	have request	nd this
many lines to no owil, so I am grieving it Please	allow	me to have	e books
Sent order magazines from the publisher, and/or and	<u>(COPR-SPOMO</u> 	lence countes	as well
WHEN COMPLETED, KEEP ORIGINAL (RETURN ALL OTHER COPIES TO THE GRIEVANCE BE	WHITE) FO	ORM.	
TO BE COMPLETED BY THE OFFICE OF INFO	RMATION 1	AND REVIEW	
		· ····································	
		· · · · · · · · · · · · · · · · · · ·	
Reviewing Deputy's Signature/CCN		Date	
Supervisor's Signature/CCN		Date	
			
TO BE COMPLETED IF INMATE WANTS TO			
	-	-	
Inmate's Signature		Date Signed	
WHEN COMPLETED, KEEP THE TOP O RETURN ALL OTHER COPIES TO THE GRIEVANCE B			OD.
DIRECTOR'S RESPONSE TO A	PPEAL		
			
			
Director's Signature		Date	

BSO DJ#51 (Revised 4/93)

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AOWARD SHERIFF'S OFFICE (DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

	TO BE COMPLE	ETED BY INMAI	E		
Ross Lawson		F197-9905	7/B/2	BCMJ	10/8/8
Inmate's Name		,		Facility	Date'
Thursham and	PART A - INMA	TE'S GRIEVAN	CE	11: 864	T. / / / - OA
I have been complement					
I have had articles one	backs sent to	ne by the pu	blisher.	none have b	een exepted,
all have been sent back. T	here are no pr	cerens for m	e at t	h. Jail. The	books in
sur cells or the one. brow					
many times to no overlas	o I am grieving	1. Please	01/0w	me to ho	ue books
Sent ander musicanos la	n the publicher	and fee co			
Inmate's Signature	<u> </u>			10/8/9 Date Signed	
	COMPLETED, KEEP COPIES TO THE G		ITE) F	ORM.	
TO BE COMPLI	ETED BY THE OFFI PART B -	CE OF INFORM - RESPONSE	ATION .	AND REVIEW	
Coe a	Humbel.		· · · · · · · · · · · · · · · · · · ·		
Reviewing Deputy's Sig	gnature/CCN	·		Date	
Supervisor's Signature	P/CCN	,		Date	
TO BE COM	PLETED IF INMATE	E WANTS TO AF		ESPONSE.	
Inmate's Signature WHEN RETURN ALL OTHER	COMPLETED, KEEP	THE TOP OF		₽£M.	20D.
	DIRECTOR'S RES			-	
		,			
					
					-

Date

Director's Signature

BSO DJ#51 (Revised 4/93)

INTRODUCTION: You are being held in one of the facilities of the Broward County Sheriff's Office, Department of Corrections and Rehabilitation. Our staff is responsible for your care and safety during the time you are in jail. To assist the staff and yourself, please read this Inmate Handbook and follow the rules and regulations. By reading the Handbook you will understand what you can expect, and what is expected of you. All your rights and responsibilities are explained in the Handbook.

This Handbook must remain in your possession during the time you are in jail. If you do not understand the information in this Handbook, ask our staff for help. Your safety depends on you following all the rules and obeying the staff.

This Handbook, also has information about programs and services available to you while in iail. If you have any questions about medical issues, attending any of the programs, subsistence fees, or charges/issues that brought you to jail, ask your Housing Deputy, or Correctional Counselor.

GENERAL INFORMATION: When you were booked into this Facility, an arrest number was assigned to you. This number will identify you for as long as you are in jail. It is your responsibility to learn your arrest number. It will help us and you identify and locate your personal property and any charges/issues that are of importance to you.

You will remain in one of our facilities until you post bond, your case is disposed of by the judge, or your sentence is completed.

Misdemeanor and traffic cases are heard in County Court, felony cases are heard in Circuit Court, and if you are here on a civil hold, that case will be heard by a Civil Court Judge.

If you are sentenced to serve one year or less, you will serve your sentence in one of our jail facilities. If your sentence is more than one year, you will be transferred to the State Department of Corrections.

MAIL: Incoming mail must have your name under which you were arrested, arrest number, housing location and the address of the facility in which you are housed. The addresses of each Facility are listed below. All mail (except legal mail) will be opened and inspected for contraband before it is delivered to you. Legal mail will not be opened until you are present. Mail containing obscene pictures/material will be returned to the sender. Books and magazines are not accepted through the mail. They are available through the Leisure Library. Each inmate may retain a total of four (4) articles of reading material in their cell. (Dictionary, religious text approved by the Chaplain and other prior approved program books are not included in this total.) Court clothes and specific items such as eye glasses, hearing aides, etc, may be accepted by mail if prior approval is obtained through the Property Unit. Mail to be sent out is to be addressed on a stamped envelope. Mail cannot be sent to another correctional facility.

The locations and mailing addresses of our corrections facilities are listed below.

ACTUAL LOCATION:

Main Jail Bureau 555 SE 1st Ave. Ft. Lauderdale, Florida 33301

Division of Community Corrections 5400 NW 9th Ave Fort Lauderdale, Florida 33309

North Broward Bureau 1550 North Blount Road Pompano Beach Florida 33069

MAILING ADDRESS:

Main Jail Bureau P.O. Box 9356 Fort Lauderdale, Florida 33310

Division. of Community Corrections P.O. Box 407065 Ft. Lauderdale, FL 33340

North Broward Bureau P.O. Box 407037 Ft. Lauderdale, Florida 33340

SCHOOL PROGRAMS: School teachers are available to most housing areas/units for inmates who desire to work on their A.B.A. or G.E.D. If you wish to be tested and/or attend classes, fill out an Inmate Request Form and forward it to the school teachers office requesting these programs. To be placed into a school housing area/unit, you will be required to follow additional rules that do not apply to inmates in general population. The School Program also offers Art/Computer and Life Skills classes to those inmates that qualify. Use the Inmate Request Form and forward it to the school teachers office to ask to be included in one of these special classes.

LAW LIBRARY: The Law Library is available for your use as shown on the schedule posted in your housing area/unit. Space is limited in the law library, so only go there if you need to do legal research, typing or copying. Recreational items such as radio's, cards, or leisure books are not allowed in the law library. Sign up on the day that the law library is scheduled. Material in the Law Library can be copied, but all copied material must remain in the Law Library.

READING LIBRARY: A reading library containing general reading material is available to all inmates by way of a cart of books brought to your housing area/unit on a regular basis.

DIRECTORY OF SERVICES AVAILABLE UPON RELEASE:

Shelter:

Covenant House

Emergency/temporary shelter & crisis intervention for people under 21, with or without infants;	
24-hour intake	561-5559
733 Breakers Avenue, Fort Lauderdale	
·	201-2228
Faith Farm	
Live-in alcohol/drug rehabilitation and work program for men over 17 years of age; 24-hour intake,	
minimum 90-day program	
1980 NW 9th Avenue, Fort Lauderdale	763-7787
The Lippman Family Center	
Emergency/temporary shelter for youth under 18 years of age: 24-hour intake.	
221 NW 43 Court, Oakland Park	568-2801
Salvation Army	
Emergency/temporary shelter for men, women, families 1445 West Broward Boulevard	
1445 West Broward Boulevard	463-4572
Women in Distress	
Emergency shelter for women and children; 24-hour intake	761-1133
Substance Abuse Services:	
Substance Abuse Services :	
	462 D265
Alcoholics Anonymous	462-0265
Alcoholics Anonymous	
Alcoholics Anonymous	
Alcoholics Anonymous	523-4984
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach	523-4984
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse	523-4984
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse 24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling	523-4984 941-9896
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse 24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling 1011 SW 2nd Court, Fort Lauderdale	523-4984 941-9896 765-4200
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse 24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling 1011 SW 2nd Court, Fort Lauderdale Crisis Line (24 hours)	523-4984 941-9896 765-4200 467-6333
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse 24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling 1011 SW 2nd Court, Fort Lauderdale Crisis Line (24 hours) Narcotics Anonymous	523-4984 941-9896 765-4200 467-6333 476-9297
Alcoholics Anonymous 12 Step Club House/12 Pasos Club 205 SW 23rd Street, Fort Lauderdale 101 CLUB 720 SW 10th Street, Pompano Beach Broward County Alcohol & Drug Abuse 24-hour intake for inpatient/outpatient alcohol/drug abuse treatment/counseling 1011 SW 2nd Court, Fort Lauderdale Crisis Line (24 hours)	523-4984 941-9896 765-4200 467-6333 476-9297 584-6578

BROWARD SHERIFF'S OFFICE DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE'S REQUEST FORM

If you haven't asked the housing this request.	unit deputy to	solve this prob	olem, do so bef	fore completing
	TO BE COMPLETED			
Date of Request: $10/13/99$		Inmate's Name:	Ross Lo	rused)
Arrest #: FL97-9905			<i>i</i> ,	DOB: 3/10/72
To: Library Coordinal	or			
Program Specialist [Classification [, -	Commissary Other	
Nature of Request: <u>According</u>		•	•	• •
must request on this for	rm to have	magazines,	Books, or pe	eriodicals sent
to me that are unquallab	le in the in	moto Leisure	Library). Ic	m requestin
to have approval at my	cost or yo	ars to have	e these bro	aght on
sent in to me (publish				
approve so I may	have books	, Maguzines. ed	ded. soon	of my choice
Ross Louisn		•	lo/13/	189
Inmate's Signature		Date	Signed /	
WHEN COMPLETED, KEEP ORIGINAL (WEBOX LOCATED IN EACH POD.	HTE) FORM. RETU	IRN ALL OTHER CO	PIES TO THE IN	MATE REQUEST
DX	NOT WRITE BELC ACTION TAKEN/			
Completed By:	CCN_	Date:	Time	:
All requests will be handled by	the responding d	leputy in one of	the following	ways:
<pre>Written Information</pre>		[Pers	onal Interview	•
All grievances will be responded	to, in writing,	by the Office	of Information	and Review.
BSO DJ#24 (Rev. 4/93)				

BSO DJ#24 (Rev. 4/93)

BROWARD SHERIFF'S OFFIC DEPARIMENT OF CORRECTIONS AND REHA INMATE'S REQUEST FORM

If you haven't asked the housing unit deputy to solve this problem, do so before completing this request.

	TO BE COMPLETED	BY INMATE		
Date of Request: \ \ \ \ \ \ \ / \ \ \ \ \ \ \ \ \ \ \	3/99	Inmate's Name:	Ross Low (Alias, if t	JOハ ised)
Arrest #: FL97-9905			18/2 8C-24	
To: Library Coon	rdinator	•	•	
Program Specialist [] Classification	Mailroom Food Service		Commissary Other	
Nature of Request: Qcc	ording to 5.5.1	Comprehensiv	e library service	(es)(5)I
must request on t		· ·	•	
to me that are una	voilable in the in	imatel Leisure	Library). Jan	1 requesting
to have approval	at my cost or you	ers to hav	o these broug	ht or
sent in to me				
approve so I	may have books	. Mugazines. e	ded. soon	ol my choice
For Lucan	•	_	, ,	· ·
Inmate's Signature		Date	10 / 13/9 Signed	
WHEN COMPLETED, KEEP ORIGINED ON LOCATED IN EACH POD.	NAL (WHITE) FORM. REIU	JRN ALL OTHER CO	PIES TO THE INMA	TE REQUEST
	DO NOT WRITE BELC ACTION TAKEN/			
This rule	is no long	A	1. No free	ks,
magasines, o	r periodica	la, of a	my kine	2/
the only read	ng materia	I allow	sed, mus	the
found on the	inmate li	brary ca	ut. See	inmate
fandbook)			·	
Completed By: Johns	EN CON	Date: //- 8	-99Time:_	
All requests will be handle	ed by the responding d	leputy in one of	the following w	ays:
Written Information	on	[] Pers	onal Interview	
All grievances will be res	conded to, in writing,	by the Office	of Information a	nd Review.

Case 0:00-cv-06009-WPD Document 1 Entered on F	_
JROWARD SHERIFF'S OF DEPARTMENT OF CORRECTIONS AND	
/10/c/1010 M. CON/lateonal INMATE GRIEVANCE FO	DRM .
$\frac{R_{ij}kl_{ij}}{R_{ij}kl_{ij}}$ to be completed by in	
Koss Lawson FL97-990	$\frac{C5}{\text{Cell}} = \frac{7/3/2}{\text{Facility}} = \frac{10/29/99}{\text{Date}}$
Inmate's Name Arrest#	Cell Facility Date
00 10/79/99 / CREWARD O CRETECT MON NO	EVANCE litication) informing me of UAEm.
Email is simply a letter typed from a	
and can he copyed on normal paper. The	is was a lotter to a
friend of mine I sent to me (Violating	
by not allowing me to have it and se	ending it builte sendar)
	problem ASAP and eval
\mathcal{L}	15/1 c/s
Ross Fauxa	Date Signed
Inmate's Signature WHEN COMPLETED, KEEP ORIGINAL	
RETURN ALL OTHER COPIES TO THE GRIEVANCE	
TO BE COMPLETED BY THE OFFICE OF INI	
Reviewing Deputy's Signature/CCN	Date
Supervisor's Signature/CCN	Date
TO BE COMPLETED IF INMATE WANTS TO	
•	
Inmate's Signature	Date Signed
WHEN COMPLETED, KEEP THE TOP	
RETURN ALL OTHER COPIES TO THE GRIEVANCE	BOX LOCATED IN EACH POD.
DIRECTOR'S RESPONSE TO	
	APPEAL
Director's Signature	Date

BROWARD SHERIFF'S OFFICE

DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE GRIEVANCE FORM

TO BE COMPLETED BY INM	ATE		
Ross Lauson FL97-992 Inmate's Name Arrest#	25 136	BCMJ	12/15/98
Inmate's Name Arrest#	Cell I	acility	Date
attacked was now answered it was written 11 bstas why have	ANCE	Oleose a	
The terms of the t		16676 0	MOUT.
it was written 110545 why have	I solfe	1 to ve	SOONS.P.
t .	Ū		•
			
Ros Jensen		17/15/9	e e
Inmate's Signature	Da	te Signed	<u> </u>
WHEN COMPLETED, KEEP ORIGINAL (
RETURN ALL OTHER COPIES TO THE GRIEVANCE B	OX LOCATED	IN EACH PO	DD.
TO BE COMPLETED BY THE OFFICE OF INFO	RMATTON AN	D REVIEW	
PART B - RESPONSE		NOVE DI	
Reviewing Deputy's Signature/CCN		Date	
Supervisor's Signature/CCN		Date	
TO BE COMPLETED IF INMATE WANTS TO , wish to ap			
I, wish to ap	pear che I	esponse.	
Inmate's Signature		te Signed	
WHEN COMPLETED, KEEP THE TOP O RETURN ALL OTHER COPIES TO THE GRIEVANCE B			. מכ
Maronn And Othan Collaboration of the Collaboration of			
DIRECTOR'S RESPONSE TO A	PPEAL		
			

Date

Director's Signature